

Reinstatement Application

(Please type or print in ink)

Date: _____

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____ Telephone Number (____) _____

(City) (State) (Zip Code) (County)

Social Security Number: - - Date of Birth - -

Sex: Male ☐ Female ☐

Place of Employment: _____

Public Agency ☐ Private Agency ☐ Title of Position: _____

Business Address: _____ Telephone No. (____) _____

(City) (State) (Zip Code) (County)

Give previous license number:

1. Reinstating as: (check one) *See regulation for qualifications at each level.*

Social Worker (LSW)
Master Social Worker (LMSW)
Certified Social Worker (LCSW)

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2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) accredited school. No ☐ Yes ☐
3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools? No ☐ Yes ☐
4. Do you have a masters degree in social work from a school accredited by Council on Social Work Education (CSWE). No ☐ Yes ☐
5. Do you have a DSW or Ph D. (with a social work major) from a CSWE accredited school? No ☐ Yes ☐

Reinstatement Fees: (licensee fee plus 35.00 processing fee)

LSW: 105.00 ☐ MSW: 135.00 ☐ LCSW: 135.00 ☐

For Office Use Only:

Cashier's Check or Money Order #: _____ Amount: \$ _____ Date: _____

Name on check , if different from licensee: _____

6. Have you ever been licensed as a social worker in this state?
If yes, what was your license number: _____ No ☐ Yes ☐
7. Have you ever been licensed or registered as a social worker in another state? No ☐ Yes ☐
8. Have you ever had a suspended, revoked, or a disciplinary action pending
against your social work license in the past 10 years? If yes, Attach a full explanation. No ☐ Yes ☐
9. Have you ever been convicted of any crime or violation of law (*except minor traffic violations*) in this state or any other state? If yes, Attach a full explanation No ☐ Yes ☐

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant. I have read the statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Notary Seal)

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of

_____, 20____

My commission expires on _____.

Notary Public

Current Passport-Like Photo

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, enclose fee, and mail to:

MS Board of Examiners for SW/MFT
Post Office Box 4508
Jackson, MS 39296-4508